

Supplemental Application Data Sheet

**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD AND SYSTEM FOR SELECTING  
PACKETS ACCORDING TO VOLUME  
TRANSMITTED BY CONNECTION  
METHOD FOR SELECTING PACKETS IN  
A DATA TRANSMISSION NETWORK  
Attorney Docket Number:: 0512-1345  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PATRICK  
Middle Name::  
Family Name:: BROWN  
Name Suffix::  
City of Residence:: CAGNES SUR MER  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 35, AVENUE ZIEM  
Address::  
City of Mailing Address:: CAGNES SUR MER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06800

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SPAIN  
Status:: Full Capacity  
Given Name:: URTZI  
Middle Name::  
Family Name:: AYESTA  
Name Suffix::  
City of Residence:: ANTIBES JUAN LES PINS  
State or Province of Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: RESIDENCE LE SARENNE, BAT. A  
Address:: 35, AVENUE CHATAIGNIER  
City of Mailing Address:: ANTIBES JUAN LES PINS

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06600

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: RUSSIA  
Status:: Full Capacity  
Given Name:: KONSTANTIN  
Middle Name::  
Family Name:: AVRATCHENKOV  
Name Suffix::  
City of Residence:: JUAN LES PINS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: LE TRIANON, BAT. A  
Address:: 152, BOULEVARD RAYMOND POINCARE  
City of Mailing Address:: JUAN LES PINS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-06160

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FINLAND  
Status:: Full Capacity  
Given Name:: EVA Eeva  
Middle Name::  
Family Name:: NYBERG  
Name Suffix::  
City of Residence:: HELSINKI  
State or Province of  
Residence::  
Country of Residence:: FINLAND

Street of Mailing Address:: ABRAHAMINKATU 15A A12  
City of Mailing Address:: HELSINKI  
State or Province of Mailing Address::  
Country of Mailing Address:: FINLAND  
Postal or Zip Code of Mailing Address:: F-00180

**Correspondence Information**

Correspondence Customer Number:: 00466  
Number::

**Representative Information**

|                                  |       |
|----------------------------------|-------|
| Representative Customer Number:: | 00466 |
|----------------------------------|-------|

**Domestic Priority Information**

| Application::    | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | National Stage of | PCT/FR2004/000094    | 1/16/04              |
|                  |                   |                      |                      |

**Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |

**Assignment Information**

Assignee Name:: FRANCE TELECOM

Street of Mailing 6, Place d'Alleray

Address:: \_\_\_\_\_

City of Mailing Address:: Paris

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: 75015